



Yakima County, Washington
DEPARTMENT OF CORRECTIONS
Office of
Director Jeremy Welch

MEMORANDUM

Date: April 8th, 2025
To: Yakima County Human Services Department
From: Jeremy Welch, Director
Re: **2025 1st Quarter Performance Measure Summary**

The Medication for Opioid Use Disorder (MOUD) program officially started on March 11, 2024. This program is also often referred to as Medication Assisted Treatment (MAT).

Yakima County Department of Corrections (YCDC) was awarded funding to support a Correctional Officer position that provides security and escort services for the Comprehensive Healthcare staff administering the MOUD medication throughout the facility.

Below is a summary for the 1st quarter of 2025.

Data:

- **Total officer hours spent working the MOUD program**
1st Quarter = 440 hours
- **Average number of clients per month**

January	32.6
February	39.7
March	46.5
Overall Q1 2025:	39.6

Comprehensive provided the following data and information.

- **Number of unique clients**
106 unique clients served in Q1 2025
- **Total clients served**
109 treatment episodes, over those 106 clients.
- **Number of clients transferred to care when released**
These numbers reflect those who presented to care at CHC after release. They do not include individuals released to other facilities who continued their buprenorphine care, or individuals who presented to follow up at other community prescribers (ie, Ideal Option)

January	6 clients
February	2 clients
March	5 clients

Ongoing Barriers to Program Growth / Optimal Functioning

- *Correctional officer/nurse time for dosing.* It appears that, with one correctional officer and two nurses, the program is limited to 45-50 inmates dosing / day. We are trying to push this as much as possible with renewed efforts to maximize the utilization of 2H. Expansion of the program can continue if/when we get access to injectable buprenorphine.
- *Space.* There are increasing constraints on the larger spaces on the second through fourth floors, to permit additional community partnerships and programming. We are limited in the number of dosing groups we can accommodate within the times allocated for our program.
- *Difficulty in identifying release dates.* Creation of prioritized waitlist would be optimally accomplished with more data on anticipated release dates. This is difficult to obtain due to the unpredictable nature of the courts, and may not be a modifiable barrier.
- *No funding for injectable buprenorphine.* Unfortunately, though CHC did apply for grants to support injectable buprenorphine in Q1 2025, these were not awarded. We are awaiting Medicaid 1115 to be able to roll out this service.

Program Successes

- We have increased the average census in the program from 18.7 in October 2024 to 46.5 in March 2025.
- We now have access to self-referrals from inmates (Kites).
- Improved direct communication and support between YCDOC staff and CHC staff

Significant Program Changes

- In the first Quarter of 2025, we started **having inmates sign releases of information for YCDOC**. It was previously interpreted the exchange of information we engage in routinely was permitted by our business agreement, but this is incorrect. We are now covered to exchange information. This ROI is a requirement for inmates wanting to enter into our program.
- Starting in January 2025, **MAT program has obtained access to Kites** (Thank you to Lt Irion and team!). We have had some struggles keeping up with the volume, but now have dedicated staff time for management (see #8).
- Dr. Zuckerman is leading **training for staff on buprenorphine and opioid use disorder**.
- We are **no longer discharging from program based on the results of point of care urine drug screening**. The methodology of POC urine drug testing limits its reliability, and we have seen a multitude of inaccurate testing for K2, fentanyl, and other substances. If an inappropriate POC urine drug screen is obtained, Comprehensive is sending these samples out for more reliable confirmatory testing before making any decisions. These results can be provided to YCDOC staff if useful.
- Our **policy on diversion has changed slightly**. Previously, if a client was suspected to be diverting, they would be removed indefinitely from the program. This has been changed so that individuals are removed for a minimum of 30 days in the event of diversion. Inmates are carefully counselled on the consequences of suspected diversion, and are instructed in proper dosing to avoid suspicion.
- We are working through the process of **designing a prioritized wait list**, which aims to prioritize: (1) people approaching release (due to their highest risk status for overdose); (2) people who can be housed communally in 2H until it is full (as fuller utilization of 2H increases our ability to serve more people); and (3) people who are slated for upcoming transfer to another facility.

This has been a learning process, and continues to be in flux. More details when we have a better handle on it.

- We have had some significant struggles with nurse staffing over the last month or so. This has resulted in several single-nurse dosing days. As a result of this, we have **pulled back on our number of inductions in late March**, to ensure we will be able to serve all clients on the roster in a timely fashion every day. Staffing has improved slightly, and we are hoping to resume more inductions. We will still be limited to approximately 45-50 inmates on the program daily.
- **Upcoming staff transitions** – Dr. Zuckerman will be stepping away from direct Kite management, and Emily Bush (one of our outreach team) is stepping in for direct management, with continued oversight by Dr. Z (starting week of 4/7). Dr. Zuckerman will also be pulling away from direct prescribing, to be replaced by our prescriber Shane Anderson, in the upcoming 2 months or so; Dr. Z will continue to assist when Shane may need to be absent.

Respectfully,



Jeremy Welch, Director